BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO:

|__|__|__| |__|__|__| |__|__|__| |__|__|__|

CALIFORNIA DEPARTMENT OF TOXIC SUBSTANCES CONTROL

2008 Annual Facility Report

FORM

CO

CEASED OPERATING AS A PERMITTED OR INTERIM STATUS HAZARDOUS WASTE FACILITY

INSTRUCTIONS: Please read the detailed instructions beginning on page 18 of the 2008 AFR California Supplemental Instructions before this form.

Sec. I	Full Permit, Interim Status Facilities, or Standardized Permit Facilities

A. Prior Authorization __ Permit __ Interim Status	B. Date of Permit Month Day Year	C. Date of Interim Status Month Day Year
D. Current Permit Status __ Ceased Operating __ Converted to lower tier permitting __ Permit Rescinded __ Permit Withdrawn	E. Date Ceased Operating all permitted units Month. Day Year	G. Converted all Units to __ Permit by Rule __ Conditionally Authorized __ Conditionally Exempt __ Less than 90 days storage __ Other_____
	F Date all units were converted to tier permitting Month. Day Year	
H. Date facility notified DTSC of closure Month. Day Year	I. Is facility applying for Post-Closure Permit? __ Yes __ No	J. Date of facility Closure Certification/verification Month. Day Year

Comments: List any other closure activity below

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SITE NAME:

CALIFORNIA DEPARTMENT OF TOXIC SUBSTANCES CONTROL

2008 Annual Facility Report

EPA ID NO:

|__|__|__| |__|__|__| |__|__|__| |__|__|__|

FORM **CC**	**CLOSURE & POST-CLOSURE COST ESTIMATE AND ENVIRONMENTAL MONITORING DATA**

INSTRUCTIONS: Please read the detailed instructions on page 20 of the 2008 AFR California Supplemental Instructions before completing this form.

Sec. I CLOSURE AND POST-CLOSURE COST ESTIMATES	Full Permit, Interim Status Facilities, or Standardized Permit Facilities

A. Type of Estimate __ Closure Cost __ Post-Closure Cost	B. Total Cost Estimate

C. Type and capacity of units (Please check type and unit of measurement)

__ Storage _____ Gallons ____ Tons

__ Treatment _____ Gallons ____ Tons per month

__ Disposal _____ Gallons ____ Tons per month

__ Incineration _____ Gallons ____ Tons per month

__ Open Burn/Detonation _____ Gallons ____ Tons per month

__ Other _____ Gallons ____ Tons per month

Specify Other _____

Sec. II ENVIRONMENTAL MONITORING DATA	Please do not submit monthly data. Describe the type and form of monitoring data that is maintained on-site for inspection.

Comments: